

Montana Department of Public Health and Human Services
Child and Adult Care Food Program

OUT-OF-STATE TRAVEL JUSTIFICATION

Sponsoring Organization: _____

PURPOSE OF OUT-OF-STATE TRAVEL/TRAINING, *

(Include Name of Meeting and Location-City & State):

ANTICIPATED TRAVEL EXPENSE:

% to be paid from CACFP funds: _____

Travel dates, From: _____ To: _____

Registration fees: _____

Number of miles: _____ x .55 = _____

Over 1,000 miles, the rate is .52

Airfare: _____ Lodging: _____

Per Diem/meal reimbursement: _____ Taxi/parking: _____

Other (specify): _____

Total: \$ _____

Name(s) of CACFP staff person(s) who will attend: _____

My signature indicates assurance that the use of CACFP administrative funds for the out-of-state travel described above and on the attached workshop program (or other documentation) will not curtail necessary functions required for administration of the Child and Adult Care Food Program.

Signature of Sponsor's Authorized Representative

Date

Signature of State agency Representative

Date

- Attach a program agenda and other sufficient documentation to verify that the out-of-state travel is directly related to the CACFP, (not at time of renewal).
- This document must be submitted when renewing so it can be included in the budget, and must be resubmitted and approved with actual dollar amounts and supporting documentation before travel occurs.